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JCS31 U.S. PTO
09/74/1492
12/19/00

12-21-00

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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, DC 20231

PATENT
File No.: 3169.65005
Date: December 19, 2000

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Nakada et al.

For: ELECTRONIC MAIL SYSTEM

Enclosed are:

- (X) 80 pages of specification, including 31 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () _____ sheet(s) of informal drawing(s).
- (X) 17 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- (X) Priority Document

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on Dec 19, 2000.
Express Label No.: EL769181575US
Signature: A. F.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 710.00
b) Independent Claims	<u>7</u>	-	<u>3</u>	=	<u>4</u>	x \$ 80.00 = \$ <u>320.00</u>
c) Total Claims	<u>31</u>	-	<u>20</u>	=	<u>11</u>	x \$ 18.00 = \$ <u>198.00</u>
d) Fee for Multiple Claims						\$270.00 = \$ _____
Total Filing Fee						\$ <u>1228.00</u>

- () _____ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$ _____
- (X) A check in the amount of \$ 1228.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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